



# APPLICATION FOR INDIANA TEACHING, ADMINISTRATION, OR SCHOOL SERVICES LICENSE

State Form 9331 (R7 / 12-01)

Approved by State Board of Accounts, 2001

The information in this document is  
confidential according to IC 5-14-3-4(b)8.

## Indiana Professional Standards Board

Division of Licensing  
101 W. Ohio St., Suite 300  
Indianapolis, IN 46204-1953  
Telephone: (317) 232-9010  
Fax: (317) 232-9023  
Office Hours: 8 a.m. to 4:30 p.m. M-F  
www.in.gov/psb

## ACCOUNTING CONTROL

Transaction number

Transaction number

Date received (month, day, year)

INSTRUCTIONS: *Attach money order or cashier's check for \$35.00 payable to the State of Indiana.* Do not send cash or personal checks. All Fees are non-refundable. *Return this application with a Limited Criminal History report.*

### SECTION A (Please TYPE or PRINT clearly)

Print your name as you wish it to appear on your license

Name (last, first, middle)

Previous / maiden name

Social Security number

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Date of birth (month, day, year)

Address

e-mail address

Telephone number

( )

City

State

ZIP code

### SECTION B - ACTION REQUESTED

Check one of the following:

☐ Teaching

☐ Administration

☐ School Services

☐ Occupational Specialist

Check one of the following:

☐ Original

☐ Addition

☐ Renewal

☐ Conversion to Professional

List subject and/or endorsement areas

### SECTION C - EDUCATIONAL BACKGROUND

COLLEGES / UNIVERSITIES ATTENDED	DEGREE OR COURSEWORK	DATE OF GRADUATION OR ATTENDANCE	STATE

### SECTION D - LICENSE HISTORY

Last Indiana educator license held (if any)	Number of license	Date of issue (month, day, year)
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Last name in which license was issued

If you are a graduate of a teacher preparation program at an out-of-state institution, have your credentials been evaluated by the Indiana Professional Standards Board?

☐ Yes

☐ No

If Yes, when? (month, day, year)

### SECTION E - CRIMINAL HISTORY AND LOYALTY AFFIDAVIT

(Applicants must answer questions 1, 2, & 3. Failure to do so will result in the return of the application.)

1. Have you ever had a credential, certificate, or license to teach denied, revoked or suspended in Indiana or in any other state?

☐ Yes

☐ No

2. Have you ever been convicted of a felony?

☐ Yes

☐ No

3. Have you been convicted of a misdemeanor other than minor traffic violations since January 15, 1994?

☐ Yes

☐ No

If the answer is Yes to question 1, 2, or 3, attach a written explanation and provide the court records.

I certify that the information and documentation contained in my application required for licensing in Indiana are true and accurate to the best of my knowledge and belief.

I solemnly swear (or affirm) that I will support the Constitutions of the United States of America and the State of Indiana.

Signature of applicant

Date signed (month, day, year)